

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Working America Coalition		FEC IDENTIFICATION NUMBER ▼ C C00620583	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 60.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605923
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate Rodham Clinton, Hillary, ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 290677.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 60.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605924
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate FEINGOLD, RUSSELL, DANA, ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 6530.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

King, Crystal, ,

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10 / 25 / 2016

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016
Mailing Address 4801 Viewpoint Place		Amount 150.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/Type 004	Transaction ID : D605925 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Name of Federal Candidate Rodham Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 290677.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016
Mailing Address 4801 Viewpoint Place		Amount 150.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/Type 004	Transaction ID : D605926 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Name of Federal Candidate MCGINTY, KATHLEEN, ALANA, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 9854.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 660.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605927
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate WILSON, FREDERICA, S., ,		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 2860.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 660.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605928
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate MURPHY, PATRICK, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 96543.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1320.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 680.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605929
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate Rodham Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 290677.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 180.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605930
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 3250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	860.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 180.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605931
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 3250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 180.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605932
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016	
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 3250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	360.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 120.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605933
Purpose of Expenditure Fliers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		3250.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 120.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D605934
Purpose of Expenditure Fliers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		3250.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	240.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016
Mailing Address 4801 Viewpoint Place		Amount 120.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/Type 004	Transaction ID : D605935 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Name of Federal Candidate Ross, Deborah, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
		3250.00

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016
Mailing Address 4801 Viewpoint Place		Amount 120.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/Type 004	Transaction ID : D605936 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Name of Federal Candidate Ross, Deborah, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
		3250.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	240.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Accurate Business Systems			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016		
Mailing Address 16112 NW 13th Ave Ste E			Amount 500.00		
City Miami	State FL	Zip Code 33169-5748	Transaction ID : D608695		
Purpose of Expenditure Fliers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016		
Name of Federal Candidate Rodham Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 290677.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Accurate Business Systems			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016		
Mailing Address 16112 NW 13th Ave Ste E			Amount 500.00		
City Miami	State FL	Zip Code 33169-5748	Transaction ID : D608697		
Purpose of Expenditure Fliers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016		
Name of Federal Candidate MURPHY, PATRICK, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: FL		
Calendar Year-To-Date Per Election for Office Sought 96543.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4440.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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